

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>03--12</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ <u>300</u> b. FFY 2004 \$ <u>1,200</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 1aaa	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): New material

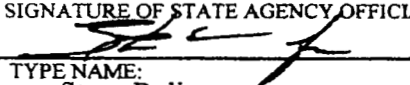
10. SUBJECT OF AMENDMENT:

Additional payment to Medicaid enrolled physicians, not employed by the state, providing
Medicaid services in a safety net hospital.

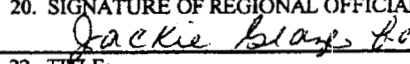
11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ca*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Social Services Division of Medical Services 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65109
13. TYPE NAME: Steve Roling	
14. TITLE: Director	
15. DATE SUBMITTED: September 25, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 26, 2003	18. DATE APPROVED: JUN 04 2004
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: Jul 01 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: THOMAS W. LENZ	22. TITLE: Associate Regional Administrator <i>for DMH</i>
23. REMARKS:	

Attachment 4.19B
Page 1aaa
Revised 6/04

State Missouri

PHYSICIAN, DENTAL AND PODIATRY SERVICES Provided by physicians, dentists or podiatrists not employed by the State of Missouri who are under contract with a safety net hospital as defined by the state for providing services to Medicaid enrollees. Safety net hospital is defined in Section 4.19-A of the Missouri Medicaid State Plan at VI.B. The Department of Social Services recognizes that safety net hospitals are critical providers of care to the Medicaid and uninsured populations and must be able to attract and maintain a sufficient supply of qualified physicians in order to maintain the quality of care offered. The term physician includes doctors of medicine, osteopathy, podiatry, and dentistry. The payment shall be in addition to the amount established under the fee schedule for physicians not employed by the State of Missouri. The additional payment of Medicaid enrolled physicians, not employed by the state, who are under contract with a safety net hospital shall be equal to the lower of the difference between the Medicaid allowable reimbursement for the service and the Medicare allowable reimbursement for the service or the provider's actual charge for the service. These payments shall only be made for services provided prior to June 30, 2005.

The only physicians eligible for reimbursement are those physicians that practice at the safety net hospitals Truman Medical Center - Hospital Hill or Truman Medical Center - Lakewood.

The state agency will reimburse providers of physician's services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

State Plan TN # 03-12
Supersedes TN# new material

Effective Date July 1, 2003
Approved Date 06-04-04